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| (Requestor's Name) |
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| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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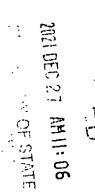
Office Use Only

A. RIVERS
JAN 1 1 2022



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12/27/21--01017--007 **25.00



COVER LETTER

TO:

Registration Section Division of Corporations

| SHRIFCT: | | T SERVICES LLC: | ن |
|---|--|---|--|
| SUBJECT: | | ted Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | LOVETTE DOBSON | | |
| | | Name of Person | <u> </u> |
| | | Firm/Company | <u> </u> |
| | 17350 STATE HWY 249, | #220 Address | |
| | HOUSTON, TX, 77064 | Address | |
| | EFILE1234@INCFILE.CO | City/State and Zip Code | |
| | _ | to be used for future annual report noti | fication) |
| For further information | concerning this matter, please ca | all: | |
| LOVETTE DOBSON | | 1 888-462-345 at () | |
| Name | of Person | Area Code Daytim | e Telephone Number |
| Enclosed is a check for | the following amount: | | |
| ■ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addre Registration Division of 0 P.O. Box 63 Tallahassee, | Section Corporations 27 | Street Address: Registration Seduction of Control The Centre of Total 2415 N. Monro | porations |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| REGIFIRST SERVICES LLC | | |
|---|--|----------------------------------|
| (Name of the Limited Liability | Company as it now appears on our recor Limited Liability Company) | <u>ds.</u>) |
| (A Fiolida i | Chimed Enothly Company) | |
| The Articles of Organization for this Limited Liability Co | ompany were filed on <u>04/05/2021</u> | and assigned |
| Florida document number L21000155262 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit | ed liability company here: | |
| REGIFIRST LOGISTICS LLC | | |
| The new name must be distinguishable and contain the words "Limit | ed Liability Company," the designation "LL | C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRE | ESS) | |
| | <u> </u> | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| B. If amending the registered agent and/or registered | office address on our records, enter | r the name of the new registere |
| agent and/or the new registered office address here: | , | |
| | | |
| Name of New Registered Agent: | | |
| Name of New Registered Figure. | | |
| New Registered Office Address: | | |
| | Enter Florida street addre | 255 |
| | , F | lorida |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered | Agent: | 27 |
| I hereby accept the appointment as registered agent a | and agree to act in this canacity. I fe | การเหลา agrae to comply with the |
| provisions of all statutes relative to the proper and co | implete performance of my duties, a | and I am familiar with and |
| accept the obligations of my position as registered ag | ent as provided for in Chapter 605, | , F.S. Or, if this document is — |
| being filed to merely reflect a change in the registered | d office address, I hereby confirm to | hat the limited littbility |
| company has been notified in writing of this change. | | 7 0 |
| | | 77 6 |

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|-------------|----------------|
| | | | □Add |
| | | | □Remove |
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| Signature of a member or authorized representative of a member | ated December, 20 | , 2021 | <u>·</u> | | | |
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